

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 6352	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name J Allen Hobart P O Box Bldg Room No if any Suite 301 Street 14675 Interurban Avenue South City Tukwila State Washington ZIP Code +4 98168	4 Name file number and address of labor organization Name Joint Council of Teamsters No 28 Labor Organization File Number 001 459 P O Box Building and Room Number if any Suite 301 Street 14675 Interurban Avenue South City Tukwila State Washington ZIP Code +4 98168
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete (See the section on penalties in the instructions)	
Signed	On 03/31/2005 Date 206/441-7470 Telephone Number

Name of Person Filing <input type="checkbox"/> Allen Hobart	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ _____ _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ _____ _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Northwest Administrators Inc Trade Name if any Washington Teamsters Welfare Trust P O Box Bldg Room No if any _____ Street 2323 Eastlake Avenue East City Seattle State Washington ZIP Code + 4 98102 3393	14 a Nature of payment Estimated value of food and beverages provided or made available to me by and in connection with my attendance at meetings of the Board of Trustees or otherwise in connection with the performance of my duties as a Union Trustee (02/09-03/29 05/03/2005)
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$100

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Western Conf Teamsters Pension Trust Fund

Trade Name if any

P O Box Bldg Room No if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington

ZIP Code + 4 98102 3393

14 a Nature of payment

Est value of food and beverage of the Board & Committees or reimbursement of transportation/hotel/incidental expenses incurred as a Union Trustee for 01/21 04/08 04/22-04/29 06/16 06/24 07/01-07/22-08/05 08/11-09/15 09/28 10/21 & 12/15/2005

13 b Is the Business an Employer ☒ or Consultant ?

14 b Amount of payment

\$9 701

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State Washington

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment